

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023770

STATE FILE NUMBER

5530

FILED JUN 16 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New Faith Hospital				Length of stay in 1b 45 yrs		d. STREET ADDRESS (If outside, give location) 5302 Hamilton Ave.	
3. NAME OF DECEASED (Type or print) First Reuben Middle L. Last Somers				4. DATE OF DEATH Month May Day 25 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 14, 1893	
9. AGE (In years last birthday) 65 yrs		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher				10b. KIND OF BUSINESS OR INDUSTRY Jennings Police			
13. FATHER'S NAME Calvin Lee Somers				14. MOTHER'S MAIDEN NAME Mae Dinwittie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or title of service) No				16. SOCIAL SECURITY NO. Unknown			
17. INFORMANT Mrs. Josephine Somers				Address 5302 Hamilton Ave			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) massive myocardial infarction acute coronary occlusion DUE TO (b) acute coronary occlusion DUE TO (c) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) _____							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
21. I attended the deceased from 5/24/58 to 5/25/58 and last saw him alive on 5/25/58 Death occurred at 3:55 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Anthony V. Benincasa (Degree or title) O M.D.				22b. ADDRESS 3731 Goodfellow			
22c. DATE SIGNED 5/26/58				22d. LOCATION (City, town, or county) (State) St. Louis County Missouri			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE May 28, 1958			
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis County Missouri			
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd.				25. DATE RECD. BY LOCAL REG. MAY 27 '58			
26. REGISTRAR'S SIGNATURE Carl Smith				26. REGISTRAR'S SIGNATURE in 80			

(Licensed Embolmer's Statement on Reverse Side)

Death, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Certification No. 3731 Goodfellow
1-4 P.M. Monday

File in city

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *John A. Mendenhall*
Licensed Embalmer No. *44*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.